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**ADULT/FURTHER EDUCATION NIGHTCLASSES**

**STUDENT APPLICATION FORM FOR ENROLMENT**

Course applied for:

**Personal Details: (Please print name and address as on official documentation)**

Surname: Address:

First Name:

Email:

Contact Number:

**Course Provider (Please Print)**

Centre Name

Centre Address: Centre Stamp

Centre Tel:

**Data Protection**

*I understand that under the Data Protection Act, personal information recorded electronically must be stored safely and treated as confidential. It may not be used without consent other than for the purpose for which it is gathered.*

*I agree that my data may be shared with consultancy bodies and agencies approved by the Department of Education, Mayo Sligo and Leitrim ETB and it’s Post Leaving Certificate Centres for the purposes of monitoring the impact of courses delivered within the individual programmes, for research statistics and/or tracking student progression.*

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*Please tick this box if you do not wish your image or name to be used by Mayo Sligo and Leitrim Centres for*

*Promotional purposes.*

***Please note: This information will never be made available publicly in anyway which would identify individual persons.***

***I accept that:***

* ***All courses are subject to a minimum number of students enrolling (usually 10)***
* ***Course fees are payable on enrolment.***
* ***Course fees are non-returnable, except when classes do not run.***
* ***Course fees are for tuition only. Costs of materials, books, photocopying and exam fees are normally extra.***
* ***Students are not permitted to join the course after the first class session unless the full fee is paid.***

***Signed: (student) Date:***

***(Official Use) To be completed by Centre/School Adult Education Officer***

***Paid YES***   ***NO Receipt No:***

***Payment Method: Postal Order Cheque Other***

***Signed: Date:***